

**APPLICATION FOR ABSENTEE BALLOT For Election on** 5 / 6 / 2008**(ABS-1)**

State Form 42106 (R15/12-06) Indiana Election Commission (IC 3-11-4-2; 3-11-4-5.1; 3-11-10-24)

FOR COUNTY ELECTION BOARD USE ONLY

Precinct

**ADDITIONAL
DOCUMENTATION**Is applicant required to provide additional identification documentation to the county voter registration office but has not yet done so? ☐ Yes ☐ No

INSTRUCTIONS: The voter (or the voter's power of attorney) must SIGN the application below. If you are applying as the voter's attorney in fact, a copy of the power of attorney must be attached. Complete and return this application to your county election board, so that the application is received at least 8 days before the election. You can return this application by FAX. **NOTE: Certain voters who registered by mail are required to provide additional personal identification before voting an absentee ballot. Contact your county voter registration office for information if you think this may apply to you. Note: If you are an overseas voter or uniformed services (military) voter, use form ABS-15.**

Return by mail to this county address: 115 W Washington, Rensselaer Telephone (219) 866-4929 Fax (219) 866-9450

1. INFORMATION OF ABSENTEE BALLOT APPLICANT

Name (please print)

Date of Birth (mm/dd/yy)

Voter Identification Number (Indiana issued driver's license number, OR if voter does not possess driver's license, provide last 4 digits of social security number) (optional)

Registration Address (number and street)

City/Town, State, ZIP Code

Telephone Number (Day)

Telephone Number (Evening)

2. MAILING ADDRESS OF ABSENTEE BALLOT APPLICANT (If different from registration address)

Mailing Address (number and street)

City/Town, State, ZIP Code

3. COMPLETE THIS SECTION OF APPLICATION FOR PRIMARY ELECTION ONLY

In Indiana, you must request a major political party ballot to vote in the primary election. However, you may vote for school board offices or on referenda held at the same time as the primary without voting a political party ballot.

I apply for the ballots of the (check one box) ☐ Democratic Party OR ☐ Republican Party, a majority of whose candidates I expect to vote for in the general or municipal election; OR ☐ School Board Offices Only AND/OR ☐ Public Question Only

4. ABSENTEE VOTING METHOD (Choose A, B or C)**A. Voting by Mail (Application due by midnight, ____/____/____)**

Check one:

☐ I have a specific, reasonable expectation of being absent from the county on election day during the entire 12 hours that the polls are open.☐ I am a voter with disabilities. **NOTE: If you are unable to mark the ballot or sign the envelope, you must vote before a traveling board or in the Clerk's office. Go to Box B or C.**☐ I am a voter at least 65 years of age.☐ I will have official election duties outside of my voting precinct.☐ I am a voter eligible to vote under the "fail-safe" procedures in IC 3-10-11 or 3-10-12.☐ I am scheduled to work at my regular place of employment during the entire 12 hours that the polls are open.☐ I will be confined to my residence, a health care facility, or a hospital due to illness or injury during the entire 12 hours that the polls are open.☐ I will be caring for an individual confined to a private residence due to illness or injury during the entire 12 hours that the polls are open.☐ I am unable to vote at the polls in person due to observance of a religious discipline or religious holiday during the entire 12 hours the polls are open.☐ I am an address confidentiality program participant in the program administered by the Indiana Attorney General under IC 5-26.5-1-6.☐ **B. Voting in the Clerk's Office (In Lake and Tippecanoe Counties, the Election Board Office) (Voting closes 5 / 5 / 2008, at noon)****C. Voting by Traveling Board (Application due by 5 / 5 / 2008 at noon if hand delivered; by 4 / 28 / 2008 at noon if mailed or faxed)**☐ I expect to be confined, due to illness or injury, or I expect to be caring for a confined person at a private residence, on election day.☐ I am a voter with disabilities and believe my polling place is not accessible to me.

VOTE ME AT THE FOLLOWING ADDRESS:

I request that the county election board authorize the traveling board to visit me outside the county at the place listed above. ☐ Approved ☐ Denied

I swear or affirm under the penalties of perjury that all of the information set forth on this application is true to the best of my knowledge and belief.

Signature of voter (or person designated by a county election board to sign for a voter with disabilities)**Date signed (month, day, year)**

X

5. INFORMATION OF INDIVIDUAL ASSISTING ABSENTEE BALLOT APPLICANT

Name (please print)

Date Assistance to Applicant Provided

Residence Address (number and street)

City/Town, State, ZIP Code

Telephone Number (Day)

Mailing Address (number and street) (If different from residence address)

City/Town, State, ZIP Code

Telephone Number (Evening)

I swear or affirm under the penalties of perjury that I have no knowledge or reason to believe that the individual submitting the application: (1) is ineligible to vote or to cast an absentee ballot; or (2) did not properly complete and sign the application.

Signature of Person Assisting Voter with Application**Date signed (month, day, year)**

Penalty for Perjury: A person who makes a false, material statement under oath or affirmation, knowing the statement to be false or not believing it to be true commits perjury, a Class D felony, which is punishable by imprisonment for up to 3 years, a fine of up to \$10,000 or both.